PLEASE READ A... P03000089889

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -5 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000089889

1. Corporation Name
GALAN ENTERTAINMENT, INC.

2. Principal Office Address	3. Mailing Office Address
1939 N. GLADES DR.	5791 Plunkett St.
Suite, Apt. #, etc. APT 2	Suite, Apt. #, etc. #11
City & State N. MIAMI BEACH	City & State Hollywood, FL
Zip 33162 Country USA	Zip 33023 Country

4. Date Incorporated or Qualified To Do Business in Florida 8/15/03

5. FEI Number 20-0277589 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: JUAN L. GALAN

Street Address (P.O. Box Number is Not Acceptable): 1939 N. GLADES DRIVE

Suite, Apt. #, Etc.: APT 2

City: NORTH MIAMI BEACH State: FL Zip Code: 33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Juan L. Galán Date: 11-4-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JUAN L. GALAN	1939 N. GLADES DR.	N. MIAMI BCH, FL 33162
	REINSTATEMENT 2004		

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Juan L. Galán 11-4-04 954 605-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

Juan L. Galán

JUAN L. GALAN
PRESIDENT